

COURSE SUBSTITUTION AND WAIVER FORM

The College at Brockport
State University of New York
350 New Campus Drive
Brockport, New York 14420-2966
Office of Registration and Records

NAME: _____ BANNER ID # _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

THIS SECTION MUST BE COMPLETED:

Major: _____ Concentration: _____ Minor: _____

1. Original Brockport Course Requirement:

Subject Code	Number	Title
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_____	_____	_____
_____	_____	_____

Course Substitution:

Subject Code	Number	Title	Completed at:
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_____	_____	_____	_____
_____	_____	_____	_____

2. Course Requirement Waiver:

Subject Code	Number	Title
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_____	_____	_____
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Student must complete _____ credit hours in major/minor.

3. Signatures:

ADVISOR: _____ DATE: _____

DEPARTMENT CHAIR: _____ DATE: _____